

without success. About six months later and three months before his second admission to the Sanitarium, he successfully drank some wine which had never appealed to him before and against which he had never been conditioned. He began drinking again, limiting himself to wine.

At the time of his second admission, on April 2, 1940, he was in such a depressed state that a diagnosis was made of a depressive psychosis. He was conditioned against wine only, as his original aversion to beer and whiskey still persisted.

Two months after his last treatment he was committed to a state hospital still abstinent in spite of several attempts to drink because of his depressed condition.

COMMENT

These two case histories illustrate the specific effect of the conditioning treatment against alcoholism. Both patients made unsuccessful attempts to drink the alcoholic beverages against which they were conditioned, but succeeded with drinks for which aversion had not been established.

The last case history brings up a problem which has probably seldom arisen before. Are there some psychopathic patients who need alcohol to avoid the complete breakdown that total abstinence might precipitate? In another case abstinence was demanded by a wife on the threat of a divorce. This resulted in a depressive psychosis and suggests that occasionally alcohol protects a patient against a more serious mental disorder. This is probably a rare situation but should be considered possible.

It is not our intention to convey the idea that this treatment is as specifically effective in all cases as in the two reported, for patients obviously differ in the ease with which aversions can be produced. In the first case, specific aversion was still present eight months after treatment, and in the second case two years after treatment. In other patients, fortunately a minority, the aversion may last only a few days. The reason for this difference needs further investigation.

SUMMARY

1. The conditioned reflex treatment of chronic alcoholism has produced a confirmed total abstinence rate for four years or longer of 64.3 per cent in 538 cases so treated.
2. In most patients, the established aversion is highly specific and may last for two years or longer.
3. Two cases are reported in which the patients were unsuccessful in their attempts to drink the alcoholic beverages against which they had been conditioned. They succeeded, however, in drinking alcoholic beverages for which they had not been conditioned. Subsequent treatment directed against these beverages produced total abstinence.

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PHYSICIANS IN GOVERNMENTAL SERVICES: A PRELIMINARY REPORT ON SOME CALIFORNIA CONDITIONS*

AT the last meeting of the House of Delegates a resolution was passed asking for the appointment of a committee to study conditions of compensation, hours, and patient-load of doctors of medicine employed by city, county, state, and federal government. This committee was appointed and began its work. Its chairman felt that he had been assigned a rather innocuous task that might require some work, but would be devoid of result. We did not quite know how to go about our task or to get the desired information, since we could not obtain such information from every governmental organization that employed physicians. And so we began to write letters to Veterans' Facilities, located at different points, such as San Francisco, Livermore, Sawtelle, and the San Fernando Veterans' Home. We figured that these would act as a pattern for all Government institutions throughout the country. We felt that one such institution, such as the Agnews State Hospital for the Insane, would serve as a pattern for the rest of the state institutions. Realizing that we could not take every county in the state, we limited ourselves to Alameda, Santa Clara, Los Angeles, San Diego, Orange, and San Francisco counties. For health departments we took the three larger counties—Los Angeles, San Francisco, and Alameda. After a few months the correspondence became so voluminous, and the figures so complicated, that the Central Office was asked to furnish us a statistician.

This statistician segregated figures as far as possible, and three tables have been placed in the files of the central office of the California Medical Association for future reference and study.†

Having nothing by which to guide us, we segregated different positions and institutions under time spent, salary per year, salary per month, and salary per hour. Some of these salaries carry maintenance, some of them are full-time without maintenance, and some of them are part time. Since we had no basis or experience upon which to figure, an arbitrary number of hours was assigned to all positions. We used the industrial figure of forty-four hours per week, and one hundred and seventy-six hours per month. Table I, column 5, is figured for all full-time positions on this basis. Since salary schedules may range more than \$1,000 for different positions, and since they also have a very wide range for the same type of

* This is a report submitted by a special committee appointed in response to a resolution presented at the annual session of the California Medical Association held at Del Monte, May 1-4, 1939; the committee consisting of William C. Voorsanger, Chairman, R. Stanley Kneeshaw, and L. A. Alesen. Report was submitted to the California Medical Association House of Delegates, at Coronado, May 6-9, 1940. For references, see *CALIFORNIA AND WESTERN MEDICINE*: June, 1939, on page 436 (item (b)); June, 1940, on page 280 (item: Report of the Committee on Governmental Medical Employees.)

† The captions of the three tables are as follows: Table I, "Compensation to Physicians in Various Government Positions in California, 1940"; Table II (A), "Full-Time Positions Held by Doctors of Medicine by Salary Groups for Government Positions in California, 1940"; Table II (B), "Part-Time Positions Held by Doctors of Medicine by Salary Groups for Government Positions in California, 1940."

position in various communities, Table II (A) was made. This shows, by intervals of \$1,000, the various salaries which may be earned by doctors performing duties under stated titles and by the Government unit. This table, however, does not attempt to show how many doctors are employed in the stated positions. Table II (B) shows the same data as Table II (A), but all part-time positions are shown.

A close study of figures, for instance those referring to Federal institutions, would show a range of \$3.03 to \$1.48 per hour for full-time employees. Some part-time employees, such as special fields, would appear on the face of things to be paid fairly well; for instance, an eye, ear, nose, and throat specialist gets \$13 a day, and a urologist \$50 a day. These specialists work only twice a month for the Government, so the salary of the eye specialist is \$26 and the urologist, \$100 a month. How much work is done for this compensation is not specified. In the state institutions, salaries range from a top of \$5,040 per annum for the superintendent, down to the junior intern, who receives nothing. If we break down this salary to a forty-four-hour week, we shall find that the range is from \$2.39 an hour down to 29 cents an hour for an intern. A junior physician, figuring forty-four hours per week, would receive from 57 to 80 cents per hour. We find a little better spacing in analyzing our county institutions, where there are positions paying two to three, and ten to twelve thousand dollars a year, such as full-time health director of a large community, or full-time director of a large hospital. Most of the salaries after the top, however, take a nose dive, and if those in our counties are broken down into payment per hour, they again range from \$5.74 down to a low of 29 cents. Some positions, such as a full-time roentgenologist, pay from \$2.27 to \$2.56 per hour. A clinic physician doing full-time work receives from \$1.42 to \$1.70 an hour. An epidemiologist, full-time, receives from \$1.99 to \$2.27 an hour. Full-time positions in most of the county tuberculosis hospitals range from \$2.50 to \$1.70 per hour. If we forget the compensation per hour and turn to Table II (A), we shall see that positions held by directors of medicine in the year 1940 range from \$10,000 down to \$500 a year. There were no salaries in the eight or nine thousand brackets. There were a few in the seven to five thousand bracket, and then again the decline was rather precipitous. Table II (B) will give you some detail about part-time positions held by doctors of medicine in California in the year 1940, and we find a few of these pay from six to four thousand, but the majority are from three thousand to five hundred.

This report is not complete by any means. We feel that sufficient information has been gained, and these tables from various counties and the state and federal governments demonstrate clearly that, barring a few positions at the top, doctors are underpaid and overworked. The large majority of physicians doing full-time work are not receiving the pay per hour of first-class mechanics in industry. Your committee feels very strongly, first, that

should a more complete analysis be required for study, a detailed questionnaire must be sent out. Second, it recommends that further study of the whole question of compensation to doctors of medicine in government employ be continued, with the understanding that, if it is continued and proper information is to be obtained, a statistician must be employed, whose duty it will be to go personally to these various institutions and interview types of doctors in various forms of employment. Only in this way shall we be able to get accurate and complete information regarding this whole matter of medical compensation. Your committee also recommends that due publicity be given to the fact that its investigation has proved definitely the inadequacy of compensation paid to doctors in full-time employment, comparing this compensation with full-time employment in industry. (It can be demonstrated that roadmasters in federal service, with less responsibility, draw equal pay with doctors.) We recommend, also, that if this investigation is continued, special study be given to the patient-load placed upon doctors in federal, state, and county hospitals, the average at present being about fifty patients per day per doctor. Your committee feels strongly that, unless proper efforts are made to better the conditions under which full-time medical employees work, a deterioration, both in the character of work and the health of the employee, is bound to result.*

CLINICAL NOTES AND CASE REPORTS

PSEUDOCYESIS

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SPURIOUS pregnancy has been recognized since the earliest times. The Hippocratic volumes showed at least twelve cases around 300 B. C. The case of Mary Tudor, Queen of England, is reported as one of imaginary pregnancy.

Such outstanding men as Madden, Montgomery, and Simpson gave considerable attention to this condition in the middle of the nineteenth century.

The condition is mentioned, but in passing, in our textbooks on obstetrics, and references in the medical literature, are scant.

A great number of terms are given this state: Pseudocyesis, spurious pregnancy, phantom pregnancy, imaginary pregnancy, hysterical pregnancy, and simulated pregnancy. Although the term "feigned pregnancy" is frequently used synonymously in reference to this condition, it really is a misnomer. "Feigned pregnancy" should denote

* The committee gives its especial thanks to Miss Eleanor Hanna, statistician, who compiled these figures, and to Dr. Berthel Henning, who supplied the chairman of this committee with valuable information regarding Federal institutions.